FILING DATE MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND DEP. 9. <u>6</u>5 TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL 2.20